

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10767373	Filing Date			
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend	*	Indep	Depend	Indep	Depend
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49						99					
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Total Indep	1										
Total Depend	5										
Total Claims	10										

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